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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 335828001US1	
Application Number	09/849,504-Conf. #8692	Filed	May 4, 2001

For	SYSTEM AND METHOD FOR COORDINATING PRODUCTION AND DISTRIBUTION OF PAPER PRODUCTS PACKAGED WITH PROMOTIONAL MATERIALS		
Art Unit	3622	Examiner	D. Lastra

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

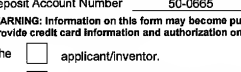
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☒ Payment by EFT Account No. SEA1PIRM.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any underpayment, or credit any overpayment, to Deposit Account Number 50-0665.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).  
☒ attorney or agent of record. Registration Number 59,883  
☐ attorney or agent under 37 CFR 1.34.  
                     Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature  
 Judy M. Kadoura  
 \_\_\_\_\_  
 Typed or printed name

September 22, 2008  
 \_\_\_\_\_  
 Date  
 (206) 359-8000  
 \_\_\_\_\_  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.